

Foster Family Home - Corrective Action Report

Provider ID: 1-160100

Home Name: Virgilina Cortez, CNA

Review ID: 1-160100-1

99-017 Kauhale ST.

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 1/30/2017 End Date:

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) New Home visit made on 1/30/2017 for a 2 bed certification. Requirements met at the time of New home visit made on 1/30/2017. No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

Primary Care Giver

Date

1/30/17

Date